

Ref No.:

Date: 24/09/22

PROFICIENCY TESTING REPORT (SRL to ICTCs/Blood banks)

Round: I

Name of Proficiency Testing Provider: NRL, NARI-Pune

Date Panel Distributed: 16/09/22

Name of the participating laboratory: EQ-12 ICTC-2, ASILO HOSPITAL

Date results received: 24/09/22

Sample Code	Standard Result	Results obtained by participating laboratory	% Matching
A	Reactive	Reactive	100%
B	Non Reactive	Non Reactive	100%
C	Non Reactive	Non Reactive	100%
D	Non Reactive	Non Reactive	100%

Keyword: R: Reactive, NR: Non reactive

Remarks: Performance is Satisfactory / Unsatisfactory

Name of Laboratory Incharge: Dr. M J W Pinto

Signature of Laboratory Incharge


Date: 24/09/22

End of Report

DR. MARIA JOSE W. PINTO
PROFESSOR AND HEAD
DEPARTMENT OF MICROBIOLOGY
GOA MEDICAL COLLEGE
BAMBOLIM - GOA

PROFICIENCY TESTING FORM

Name of Proficiency Testing Provider: ICMR-NARI, Pune

Year: 2022-23 Round: I

Date Panel Dispatched: 16/09/2022

Closing Date: 24/9/2022

Date proficiency panel received: 16/9/2022

Date of testing proficiency panel: 17/9/2022

Date report sent: 17/9/22

HUMAN IMMUNODEFICIENCY VIRUS TYPE-1 (HIV-1) ANTIBODY TESTING

NOTE :

The HIV-1 performance evaluation samples are undiluted, unaltered individual donor material. It is the intention to provide laboratories with performance evaluation samples that closely resemble the types of specimens that laboratories encounter in their routine daily testing.

PT Laboratory Identification No.:

EQ-12

(Number can be found on your panel box)

Laboratory Name : ICTC-2 North District Hospital Mapusa-Asi

Type of Laboratory: NRL/SRL/ICTC/PPTCT/FI-ICTC/PPP-ICTC/Blood Bank/Private lab

Address of Laboratory (where testing is undertaken): ICTC-2 North Dist. Hosp. Mapusa.

Street : Mapusa, Bardez- North Goa.

State: Goa Postal Code: 403507 Telephone No. _____

E-mail: PPTCT.asilo@gmail.com Fax No.: _____

Name of nodal officer: Dr. Varsha Munj
& Signature

PT Lab ID. No.

E 0 - 1 2

KIT DETAILS

	Kit Details		
	Test I	Test II	Test III
Type of Test (Rapid/ELISA/Western Blot)	Rapid	Rapid	Rapid.
Name of the test	COMBIDIS - R5	MERISCREEN	REDRO HIV-2AB
Manufacturer	Adyanlagu - ST H R F. RMA Healthcare Pvt. Ltd.	Messt Diagnostic Pvt. Ltd	Messt Diagnostic Pvt. Ltd.
Lot #	4000026849	MI102131	MI122050
Date of Expiry	22/3/2024	09/2023	11/2022
Principle of the test	Dot Immunassay	lateral flow immunochromato graphic assay	Immunoconcentratio Test

FINAL RESULTS

S.No.	Panel Sample ID	Test Results			Final Interpretation
		Test I	Test II	Test III	
1)	A	R ^{CI-5.0}	R HIV-1	R HIV-1	Positive for HIV-1
2)	B	NR	-	-	Negative
3)	C	NR	-	-	Negative
4)	D	NR	-	-	Negative

R : Reactive ; NR : Nonreactive; P: Positive; I : Indeterminate ; N : Negative .

Remarks (If any) :

Rishelgouankar
Signature of Technician
Date: 17/09/2022

Konury
17/09/2022
Signature of Nodal Officer
Date: Senior Pathologist
North District Hospital,
Mapusa - Goa

GENERAL INSTRUCTIONS

- Please read all instructions completely before testing.
- Fill relevant pages and record all information legibly within the appropriate spaces.
- Enter EQAS laboratory identification number in the boxes provided. Your EQAS number is present on the panel box containing proficiency panel.
- Perform the test procedure (s) in the same manner as the routine samples following NACO Strategy III.
- **Do not report for more than three tests.**
- As far as possible use the kits provided by NACO and follow all the instructions as per kit insert.
- Enter in the spaces provided the last two digits of the sample code that appears on each vial, e.g.

01

02

- **Wherever differentiating kits are used, kindly specify the results as HIV-1/ HIV-2/ HIV-1+2.**
- Prior to use, allow samples to reach room temperature (18-30°C).
- Spin the samples before testing to avoid the interference of turbidity in the test results.
- All samples should be treated as potentially infectious and should be handled using Universal Safety precautions.
- **Results should be sent within eight days after receiving the panel.**
- If the samples cannot be tested for any reason (eg. Unavailability of kits) store the samples at – 20 °C.
- Any clarification required regarding EQAS programme, please contact the PT provider at the following address.

Address of Proficiency Testing Provider

ICMR-NATIONAL AIDS RESEARCH INSTITUTE
Plot No. 73, 'G' Block, MIDC, Bhosari,
Pune-411026

Phone No. : 020-27331200
Fax : 020-27121071
E mail : ptprovidernari@gmail.com

NON REPORTING CODES**CODE REASONS FOR NOT REPORTING RESULTS**

T	Test not performed in this laboratory
L	Samples lost or destroyed in laboratory
R	Test reagents not available
I	Insufficient sample volume to perform test
O	Other (please specify on results form)